PTO/SB/30 (09-03)
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Request For Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/845,898-Conf. #4070
Filing Date	April 30, 2001
First Named Inventor	Ronald J. Kolata
Art Unit	3732
Examiner Name	A. Ramana
Attorney Docket No.	102863-0002

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

 Submission required under 37 CFR 1.114 Note: If the RCE is pro amendments enclosed with the RCE will be entered in the order in which t applicant does not wish to have any previously filed unentered amendment amendment(s). 	hey were filed unless applicant instructs otherwise. If
a. X Previously submitted. If a final Office action is outstandin may be considered as a submission even if this box is no	
i. Consider the arguments in the Appeal Brief or Reply B	rief previously filed on
ii. X Enter Amendment and Response of April	14, 2004
b. Enclosed i. Amendment/Reply iii. Inform	RECEIVED
ii. Affidavit(s)/Declaration(s) iv. Other	MAY 1 3 2004
2. Miscellaneous	TECHNOLOGY CENTER 3700
Suspension of action on the above-identified application is period of months. (Period of suspension shall application shall application is months.	s requested under 37 CFR 1.103(c) for a
b. Other	
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1	.114 when the RCE is filed.
a: The Director is hereby authorized to charge the following Deposit Account No.	fees, or credit any overpayments, to
i. X RCE fee required under 37 CFR 1.17(e)	
ii. Extension of time fee (37 CFR 1.136 and 1.17)	
iii. Other	
b. X Check in the amount of \$ 770.00	enclosed
c. Payment by credit card (Form PTO-2038 enclosed)	
SIGNATURE OF APPLICANT, ATTORNEY	
Name (Print/Type) Lisa J. Michaud Regist	ration No. (Attorney/Agent) 44,238
Signature	Date May 6, 2004

Request for Continued Examination Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 6, 2004

(Lisa J. Michaud)

05/11/2004 SSITHIB1 00000009 09845898

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PTO/SB/17 (10-03) e through 7/31/2006. OMB 0651-0032

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Effective 10/01/2003, Patent fees are subject to annual revision.				First Named Inventor Examiner Name			illoi	A. Rama			1
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X Charge a	any additional fee(s) or any t	underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex	parte reexamination	200	~~~
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1. BASIC F		ATION	1252	420	2252	210		for reply withi	n second month		
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Code (\$) 1001 770	Code (\$) 2001 385 Utility	filing fee	1255	2,010	2255	1,005	Extension	for reply withi	n fifth month		
1002 340		n filing fee	1401	330	2401		Notice of				
1003 530	2003 265 Plant t	filing fee	1402	330	2402	165	Filing a br	ief in support (of an appeal		
1004 770		ue filing fee	1403	290	2403	145	Request for	or oral hearing	ŀ		
1005 160 2005 80 Provisional filing fee		1451	1,510	1451			•	olic use proceeding			
	SUBTOTAL (1) (\$) 0.00	1452 1453	110 1,330	2452 2453	55 665		to revive – unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1501	1,330	2501	665		ie fee (or reiss			
Z. EXIIO	Extra	Fee from	1502	480	2502	240	Design iss	·	,		
Total Claims	Claims	below Fee Paid	1503	640	2503	320	Plant issu	e fee			
Independent	──	,	1460	130	1460	130	Petitions t	o the Commis	sioner		
Claims L Multiple Depen	dent	=	1807	50	1807	50	Processin	g fee under 37	7 CFR 1.17(q)		
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Fee Fee	Fee Fee	Fee Description	8021	40	8021	40			assignment per		
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1201 86		nt claims in excess of 3	1809	770	2809	385	(37 ČFR 1	.129(a))			
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1204 86		independent claims inal patent	1801	770	2801	385	•		examination (RCE)	770.00	
1205 18	•	claims in excess of 20	1802	900	1802	900		or expedited e n application	xamination		
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**or number p	previously paid, if greater,	For Reissues, see above	<u> </u>								j
SUBMITTED E	BY							(Complete	(if applicable))		
Name (Print/Ty	pe) Lisa J. Michaud	1		ration No ey/Agent)		,238		Telephone	(617) 439-25	50	
Signature The Signature			`	_				Date	May 6, 2004		
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Fee Transmittal											
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Dated: May 6, 2004 Signature: (Lisa J. Michaud)											